9/83

Jobs Bill

CITY OF ATHENS

STATE OF GEORGIA

AGREEMENT BETWEEN THE MAYOR AND COUNCIL

OF THE CITY OF ATHENS, GEORGIA AND

Athens Neighborhood Health Center

September 19 83

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Exhibits

1. Budget
2. Operating Schedule
3. Fidelity Bond
4. Quarterly Report Schedule
5. Section 3 Plan

G E O R G I A

CITY OF ATHENS

THIS AGREEMENT, entered into this the 30th day of September, 19 83, by and between the CITY OF ATHENS, A MUNICIPAL CORPORATION, hereinafter referred to as the City, and Athens Neighborhood Health Center hereinafter referred to as the "Agency".

W I T N E S S E T H:

WHEREAS, the City in September, 1983 received a Grant under the Community Development Block Grant Jobs Bill Program from the United States Department of Housing and Urban Development, hereinafter referred to as HUD, said Grant designated as Community Development Block Grant No. B-83-MJ-13-0007; and

WHEREAS, pursuant to said Grant the City is undertaking certain activities; and

WHEREAS, pursuant to said Grant the City agrees to engage the Agency to render certain assistance in such undertakings.

NOW THEREFORE, for valuable consideration and mutual promises exchanged between the parties hereto it is agreed as follows:

SCOPE
OF SERVICES

SCOPE OF SERVICES

PROGRAM DESCRIPTION

The Athens Neighborhood Health Center, a primary health care center, shall recruit, train and employ one medical assistant and one clerk typist.

PROGRAM SERVICE OBJECTIVES

The medical assistant and clerk typist are needed to provide ancillary services due to the addition of one full-time physician to the ANHC staff. Two qualified persons shall be recruited and trained, through on-the-job training for a one year period, to function in the proposed positions. Please refer to the enclosed job descriptions.

PROGRAM BENEFICIARIES

Two city residents shall benefit from the employment and training program.

DETERMINATION OF ELIGIBILITY

A. Whenever possible, the State Employment Service will Verify eligibility.
B. Documents such as W-2 forms, income tax returns and medicaid cards will be accepted as verification of income.
C. Former employers will be checked for last dates of employment.
D. Place of residence, whether inside city limits or out, may be verified through the post office, unless the location is obvious.

ORGANIZATION

Governing Board:

The Athens Neighborhood Health Center is a private nonprofit organization governed by a fifteen (15) member consumer oriented board.

Staffing Pattern:

Physician	3.0	Executive Director	1.0
*Medical Assistant	1.0	Receptionist	1.0
Nurse	1.0	Bookkeeper	1.0
Lab Technician	1.0	Medical Records Clerk	0.5
*Clerk Typist	1.0	Psychologist	0.2

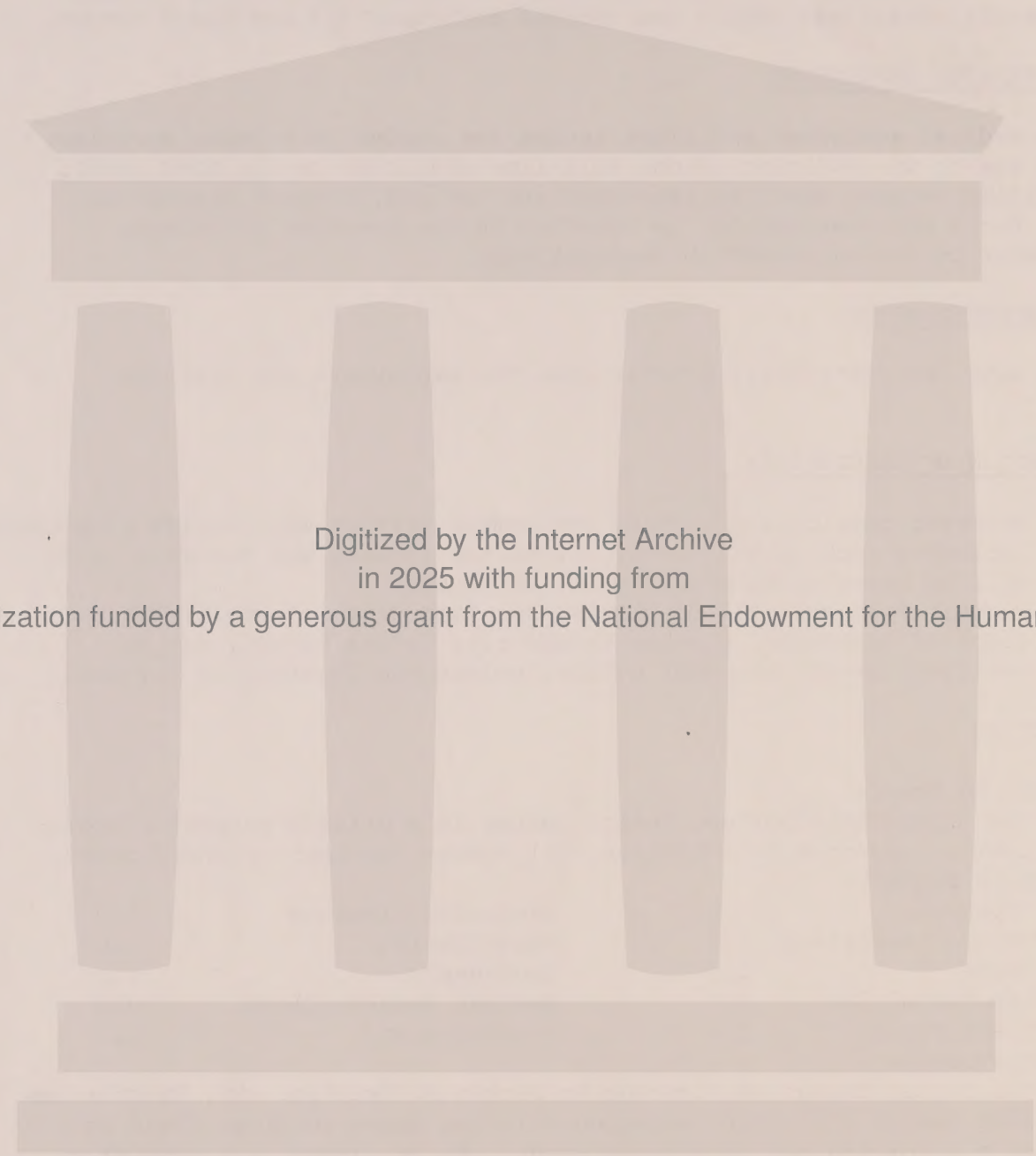
Administration:

The center Executive Director is Jackie R. Griffin. Mr. Griffin has over twelve (12) years experience in the human services field both as a clinician and an administrator. He is currently a candidate for Doctorate of Public Administration at the University of Georgia. The Bookkeeper is Lanette F. Wood. Mrs. Wood has over fourteen (14) years experience in public and private sector accounting. Her former positions include accounts payable clerk, full charge bookkeeper, and financial supervisor.

Medical:

The center has three physicians:

Henry Bowens, M.D.	Family Practice
James Meyer, M.D.	Internal Medicine
Glenda Patterson, M.D.	Internal Medicine



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Facility Location:

The center is located within the Athens city limits at 455 N. Lumpkin.
Telephone: 546-5526
Contact person: Jackie R. Griffin, Executive Director.

REIMBURSEMENT

I, Jackie R. Griffin, accept the responsibility for providing financial services adequate to ensure the establishment and maintenance of an accounting system with adequate internal controls. Examples of controls already in place are a check log for checks received by mail, a one-write pegboard system soon to be replaced by computer, requirement for two signatures on each check dispursed and an annual audit by an outside CPA firm.

Scope of Services Addendum

RETENTION OF EMPLOYEES

The Athens Neighborhood Health Center shall retain both the medical assistant and the clerk-typist on the regular center payroll after termination of the CDBG program. This section shall be contingent upon two conditions:

1. the continued successful performance by the employees,

2. the availability of regular center funds.

PROGRAM BENEFICIARIES

Refer to City of Athens Contract Beneficiaries and Supplemental Certification sheet.

CDBG PROGRAM OUTLINE

I. To recruit, train, and employ one medical assistant.

GOALS	OBJECTIVES	RESPONSIBILITY	OUTCOME
1. To recruit one eligible person as medical assistant.	1.1. By writing job description	1.1. Executive Director	1.1. Written by 8/1/83
	1.2. By advertising position in local paper.	1.2. Executive Director	1.2. Advertised by 10/1/83
	1.3. By listing position with State Employment Service.	1.3. Executive Director	1.3. Listed by 10/1/83
	1.4. By establishing eligibility of applicant.	1.4. Executive Director, Employment Service	1.4. Established by 10/15/83
	1.5. By Interviewing applicant.	1.5. Executive Director, Physicians	1.5. Interviewed by 11/1/83
	1.6. By selecting employee	1.6. Executive Director, Physicians.	1.6. Employed by 11/4/83
2. To train one selected person as medical assistant.	2.1. By establishing a training plan for the individual.	2.1. Executive Director, Physicians, Bookkeeper	2.1. Written by 9/30/83
	2.2 By orienting individual to functions of clinic.	2.2. ANHC Staff	2.2. Complete one week from date of employment, 11/11/83
	2.3. By providing on job training of receptionists' functions: scheduling, telephone procedures, greeting patients, opening charts, recording and charging for services.	2.3. Receptionist	2.3. Provided during the second week of employment- completed by 11/18/83
	2.4. By providing on the job training of medical records clerk's duties: pulling charts, filing, requesting information, sending information.	2.4. Medical Records Clerk, Staff	2.4. Provided during the third week of employment- completed by 12/9/83

PROGRAM OUTLINE

GOALS	OBJECTIVES	RESPONSIBILITY	OUTCOME
	2.5. By providing OJT of selected Bookkeeper's duties: posting, statistics, accounts receivable, data entry, billing.	2.5. Bookkeeper	2.5. Provided during the fourth week of employment- completed by 12/2/83
	2.6. By providing OJT of Lab Technicians' duties: urinalysis, wet mounts, FBS, pregnancy tests, drawing blood specimens and repairing them for pick up related paper work.	2.6. Lab Technician	2.6. Provided during the fifth week of employment- completed by 12/9/83
	2.7. By providing OJT of Medical Assistant's duties: EKG, patient histories, height, weight, blood pressures, prep patients, assist physician with exam, prepare exam rooms, sterilize instruments.	2.7. Physicians, Medical Assistant	2.7. Provided during the sixth week of employment- completed by 12/16/83
3. To employ one person as medical assistant.	3. By selecting the individual who successfully completes all phases of training.	3. Executive Director on recommendations of supervising staff.	3. Successful trainee will be employed to work primarily in the clinical area, but be a substitute for administration.
4. To evaluate the performance of the medical assistant.	4. By utilizing ANHC's standard performance approved instrument.	4.A. Bookkeeper for administration. 4.B. Physicians for clinical	4. 1st 30 days 2nd 180 days 3rd 1 year

II. To recruit, train, and employ one clerk typist.

GOALS	OBJECTIVES	RESPONSIBILITY	OUTCOME
1. To recruit one eligible person as clerk typist.	1.1. By writing job description	1.1. Executive Director	1.1. Written by 8/1/83
	1.2. By advertising position in local paper.	1.2. Executive Director	1.2. Advertised by 10/1/83
	1.3. By listing position with State Employment Service.	1.3. Executive Director	1.3. Listed by 10/1/83
	1.4. By establishing eligibility of applicant.	1.4. Executive Director, Employment Service	1.4. Established by 10/15/83
	1.5. By interviewing applicant	1.5. Executive Director, Bookkeeper	1.5. Interviewed by 11/4/83
	1.6 By selecting employee	1.6. Executive Director, Bookkeeper	1.6. Employed by 11/4/83
2. To train one selected person as clerk typist	2.1. By establishing a training plan for the individual	2.1. Executive Director, Bookkeeper	2.1. Written by 9/30/83
	2.2. By orienting individual to functions of clinic.	2.2. ANHC Staff	2.2. Complete one week from date of employment, 11/11/83
	2.3. By providing on job training on statistics, BCRR reporting and other statistical reporting.	2.3. Bookkeeper	2.3. To be completed at the end of each week.
	2.4. By providing on the job training on Data Input utilizing a computer terminal, and familiarizing person with medical terminology, CPT-4 and ICD-9.	2.4. Bookkeeper, Executive Director	2.4. Instructions completed by 12/31/83.
	2.5. By providing on job training on patient and third party billing, including Medicare and Medicaid.	2.5. Bookkeeper	2.5. Instructions completed by 2/29/84.

PROGRAM OUTLINE

GOALS	OBJECTIVES	RESPONSIBILITY	OUTCOME
	2.6. By providing on job training on accounts receivable including posting and appropriate journal entrys.	2.6. Bookkeeper	2.6. Instructions completed by 4/30/83.
3. To employ one person as clerk typist	3. By selecting the individual who succussfully completes all phases of training.	3. Executive Director on recommendations of supervising staff.	3. Successful trainee will be employed to assist bookkeeper in the performance of her duties.
4. To evaluate the performance of the clerk typist.	4. By utilizing ANHC's standard performance approved instrument.	4. Bookkeeper	4. 1st 30 days 2nd 180 days 3rd 1 year

*Timetables contingent upon startup date.

JOB TITLE:

MEDICAL ASSISTANT

JOB DESCRIPTION:

Responsible to the Senior Nurse. Assist the physician or Registered Nurse Practitioner in doing examinations. Administration of medications and/or treatments as ordered by the physician or RNP. Ordering and restocking clinic supplies and medication. Responsible for care and stocking of the examining rooms and sterilization of instruments. Assist with Family Planning (i.e., taking history), assist with examinations, clarify instructions to the patient. Preliminary screening of patients to determine if they should be seen by the physician or the RNP. Assist bookkeeper in preparing insurance forms, filing charts, and any other duties as required.

EXAMPLES OF DUTIES:

Taking of vital signs and recording symptoms. Preparing patient for physical examination. Sterilization of appropriate equipment. Administration of injections and immunizations as ordered by the physician or RNP. Chaperon female patients. Collection of urine, blood, stool and sputum specimens.

MINIMUM QUALIFICATIONS:

Graduate of an accredited program of Medical Assistants or licensed as a L.P.N. in the State of Georgia. One or more years experience working as a Medical Assistant or L.P.N.; or completion of an approved internship. Equivalent experience may be considered in lieu of licensing. Should be a neighborhood area resident and/or be able to relate to the area residents. Will accept person who has minimum experience in a medical environment as a trainee and who meets CDBG eligibility requirements.

JOB TITLE:

CLERK-TYPIST II

JOB DESCRIPTION:

This is moderately difficul and varied clerical work including the skilled use of the typewriter.

An employee in this class is responsible for the performance of a variety of typing assignments in addition to relatively complex clerical work which requires the application of judgment and initiative based on knowledge gained through experience. Such decisions as are made, however, are in accordance with established precedents or Athens Neighborhood Health Center policies. Work generally involves a high degree of public contact, often in trying situations. Work differs from that found in Clerk-Typist I in that these positions involve a greater degree of complexity and variety of work and that, after a reasonable orientation period, employees work with considerably more independence of action and judgment. The variety and difficulty of work may vary greatly, but where work is repetitive there is added responsibility for finality of action. Work does not generally involve supervisory responsibilities. Work is evaluated through review of completed tasks, records and reports, and through conferences. Responsible to the Bookkeeper.

EXAMPLES OF DUTIES:

Responsible for the Accounts Receivable.

Preparation of Medicare, Medicaid, and Third Party billing.

In the absents of the receptionist, answers telephone and in-person requests for information.

Types letters, memoranda, medical cards and records, reports, minutes, and forms, often from oral instructions; makes zerox or photostatic copies; maintains medical files and records.

Makes various mathematical computations; prepares bank deposits; assists in compilation of data for periodic reports; may maintain departmental, fiscal or personnel records.

Answers telephone and gives information to the public.

Performs related duties as necessary.

DESIRABLE KNOWLEDGES, SKILLS, AND ABILITIES:

Knowledge of business English, spelling and arithmetic.
Knowledge of modern office practices and procedures.
Skill in the use of typewriter and other office machines.
Ability to make moderately complex computations with speed and accuracy.
Ability to understand and follow quickly and accurately written and oral instructions.
Ability to meet and deal tactfully and courteously with the public in trying and difficult situations.
Ability to maintain moderately complex clerical and medical records.

DESIRABLE TRAINING AND EXPERIENCE:

Graduation from a standard high school; including or supplemented by courses in typing and general office procedures or six months clerical experience preferable with public contact or any equivalent combination of training and experience. Will accept as a trainee person who has experience or training as a typist and who meets CDBG eligibility requirements.

Medical Assistant

Salary $4.50 per hr.	$9,360.00
Accident & Health Insurance $55.37 per month	$ 664.44
Employers FICA .067%	$ 627.12
Nurses Professional Insurance	$ 50.00
Workers Comp. Insurance $.40 per $100	$ 37.44
Unemployment Insurance 2.18% of 1st $7,000	$ 152.60
Total Cost	$10,891.60

Clerk Typist II

Salary $3.93 per hr.	$8,190.00
Accident & Health Insurance $55.37 per month	$ 664.44
Employers FICA .067%	$ 549.73
Workers Comp. Insurance $.40 per $100	$ 32.76
Unemployment Insurance 2.18% of 1st $7,000	$ 152.60
Total Cost	$9,588.53

BUDGET

Payment: Payment under this Contract is limited to the below designated project, and total cost, and accordance with the Budget attached hereto and by reference made a part hereof and designated as Exhibit 1.

BUDGET

PROJECT	COMMUNITY DEVELOPMENT	NON-COMMUNITY DEVELOPMENT
002-718	$20,480.00	- 0 -

It is expressly understood and agreed that in no event shall the total compensation by the City for a specific project exceed the maximum sum allocated.

Payment shall be on a reimbursable basis upon the City's receipt of a report of Combined Cost Control and Statement of Accountability from the Agency. (Forms to be provided).

Budget Revisions: Funds may be shifted between line items of a single project without prior approval as it (the line item or the total) does not exceed ten (10%) per cent of the individual line item or total. However, a Budget Revision Form must still be submitted to the H&CD Department within five (5) working days of such shift. If and when a budget is revised more than once and the cumulative total exceeds 10%, then prior approval is required. Any shifting of funds that exceeds 10% of any line item or total at any time must be approved in advance of obligations utilizing the appropriate Budget Revision Form.

A statement of the justification of budget revisions exceeding 10% must be attached to the Budget Revision Form. The 10% rule applies whether funds are being removed or added to another line item.

Accounting Procedures

Deposits: The Agency shall designate a commercial bank as the depositary for the receipt of funds. The City shall, after assuring itself of the propriety and accuracy of the account, deposit all funds which are made available to the Agency directly into the designated bank account. No advance of funds shall be available to the Agency . The Agency will furnish the City with a statement submitted by the appropriate financial officer stating that he accepts the responsibility for providing financial services adequate to insure the establishment and maintenance of an accounting system with adequate internal control. Advice in setting up adequate records of accounts will be provided by the City.

Allowable Travel: The Agency's expenses charged for travel shall not exceed those allowable under the policies of the City of Athens. Copies of travel policies are available from the City Accounting Department.

Operating Hours and Holidays

Unless otherwise specified and approved in advance by the City, the Agency agrees to maintain regular operating hours in accordance with those of the City's; and to observe only those holidays observed by the City. The City reserves the right to deduct any expenses submitted for reimbursement pertaining to operational cost which are requested for holidays not approved by the City.

The Agency's operating hours and observance of holidays shall be in accordance with the operations schedule attached hereto and by reference made a part hereof and designated as "Exhibit" 2.

Records

The Agency shall maintain such records and accounts, including property, personnel, and financial records, as are deemed necessary by the City and will be retained for three (3) years after the expiration of this Contract. All such records and accounts will be made available for examination by any official representative of the City, HUD or the General Accounting Office.

Fidelity Bonding

Prior to the disbursement of funds to the Agency, the City shall receive a statement from the Agency's Chief Fiscal Officer or Insurer assuring that all persons handling funds received or disbursed under this Contract are covered by Fidelity Insurance in an amount consistent with sound fiscal practice and with the coverage deemed necessary by the City for its own employees. However, in no event shall the amount be less than the Grant supplied by the City. The Fidelity Bond shall be attached hereto and by reference made a part hereof and designated as "Exhibit" 3.

Reimbursement Procedure

Subject to availability of funds from HUD, the City shall make payment under this Contract in accordance with the following method, such payment to be made upon presentation of a requisition for payment and shall indicate the disposition of the amount requested by reference to the categories of expenses as detailed in the respective budget.

The Agency will furnish the City a request for reimbursement indicating the expenditure of City funds for each request period. Reimbursement checks shall be issued on Friday only. In order to receive a check on any Friday, reimbursement forms must be submitted to the Housing and Community Development Department in Triplicate not later than 12:00 noon on the preceding Friday. Forms and instructions will be provided. If the City withholds payment, it shall advise the Agency in writing and specify the actions that must be taken, in case of suspension, as a condition precedent to the re-assumption of payments. The Agency will remit any unexpended balance of payments on the account of the Grant as well as such other portions of such payments previously received as determined by the City to be due the City. The action of the City in accepting any such amount shall not constitute a Waiver of any claim which the City may otherwise have arising out of this Agreement.

Non-Expendable Property

All non-expendable property acquired for the program will revert to the City upon the expiration of this contract unless otherwise provided for, and an up-dated signed copy of this inventory will be provided the H&CD Department as non-expendable property is acquired. No disposition of non-expendable property is permitted without the express written consent of the City of Athens. The Agency shall abide by the policies of the City of Athens in the sale of any non-expendable property which the City approves of selling.

Beneficiaries

The Agency agrees that a minimum of ninety percent (90%) of the citizens served as a result of this contract are City of Athens residents and that at least 75% of all persons served are low and other lower income citizens. The City shall provide the Agency with the appropriate income scale to assist in determining the income status of an individual. The Agency agrees to maintain supporting income documentation on file on each person served and shall make such information available to H&CD officials, HUD, and the General Accounting office upon request.

Public Notices

The Agency shall make available to the public appropriate notices informing the public that the services provided for under this contract are available to the public for the primary purposes of serving very low and other lower income citizens of Athens. The Agency shall also disseminate public notices for any employment opportunities which arise as a result of this agreement. Any literature published or public announcements made as relates to the activities funded by this contract shall have the following clause inserted,"Funding made available for this project by the Community Development Block Grant Program of the City of Athens, an Equal Opportunity Employer". The Agency shall maintain records of such notices and notify the Department of Housing and Community Development of any notices prior to the publication of such notices for review.

Reporting Procedures

The Agency shall be responsible for submitting monthly and quarterly programmatic reports as described below. Failure to submit said reports may delay any reimbursement requests submitted by the Agency.

A. Monthly Reports: The Agency shall submit a monthly report not later than the close of business the last Monday of each month. Information relative to the form and content of the report shall be provided by the City.

B. Quarterly Reports: The Agency shall submit quarterly reports according to the schedule attached hereto and designated as "Exhibit 4". The form and content of the quarterly reports shall be in the format of HUD's Annual Grantee Performance Report (GPR) which will be supplied by the City.

Monitoring

The City shall monitor the Agency regularly on a quarterly basis to verify eligible beneficiaries, income requirements, employment practices, and other related aspects of the contract. The Agency shall be notified at least seven (7) working days prior to a monitoring visit. The City may from time to time schedule monitoring visits to provide technical assistance and discuss other problems and needs. All program records must be maintained at a location as identified by the Agency and made known to the City prior to entering into contract. All records must be made available to the City and HUD for review.

Assignment of Contract

None of the work or services covered by this Contract shall be sub-contracted without the prior written approval of the City. Any work or services sub-contracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Contract.

Commencement of Services

The services of the Agency are to commence as soon as practicable after the execution of this Contract and shall be undertaken and completed in such sequence as to assure the expenditious completion in light of the purposes of this Contract, but in any event all of the services hereunder shall be completed on or before June 30, 19 84.

Contract Amendments

The City may, from time to time, request changes in the Scope of Services of the Agency to be performed hereunder. Such changes, including any increase or decrease in the amount of the Agency's compensation, which are mutually agreed upon by and between the City and the Agency, shall be incorporated in written amendments to this Contract.

Indemnification

The Agency shall indemnify and hold harmless the City of Athens for any claims whatsoever arising out of any accidents, personal injury, or damage to property received as a result of the agency's implementation of any of the programs or activities of this contract.

Termination of Contract

If through any cause, the Agency shall fail to fulfill in a timely and proper manner its obligations under this Contract, or if the Agency shall voilate any of the convenants, agreements, or stipulations of this Contract, or if the Grant from HUD under which this Contract is made is terminated by HUD, the City shall thereupon have the right to terminate this contract by giving notice to the agency of such termination and specifying the effective date thereof. In the event of termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by the Agency under this Contract shall, at the option of the City, become its property and the Agency shall be entitled to compensation for any reimbursable expenses necessarily incurred in satisfactory performance of this Contract.

Certifications

The Agency hereby assures and certifies that it will comply with the regulations, policies, guidelines and requirements with respect to the acceptance and use of Federal funds for this federally-assisted program. Also the Agency gives assurances and certifies with respect to the grant that:

A. It has assigned and designated an official representative of the Agency to execute the Contract, all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Agency to act in connection with the Contract and to provide such additional information as may be required.

B. It has developed its Scope of Services so as to gove maximum feasible priority to activities which benefit low-and moderate-income families or aid in the prevention or elimination of slums or blight;

C. It has authorized and consents on behalf of the Agency and himself/herself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his/her responsibilities as such an official;

D. The contract will be conducted and administered in compliance with:

1. Title VI of the Civil Rights Act of 1964 (Pub.L. 880352) and implementing regulations issued at 24 CFR Part 1;

2. Title VIII of the Civil Rights Act of 1968 (Pub.L. 90-284), as amended; and that the Agency will administer all programs and activities related to housing and community development in a manner to affirmatively further fair housing;

3. Section 109 of the Housing and Community Development Act of 1974, as amended; and the regulations issued pursuant thereto;

4. Section 3 of the Housing and Urban Development Act of 1968, as amended; and further described in the Section 3 Affirmative Action Plan attached hereto and designated as "Exhibit 5";

5. Executive Order 11246, as amended by Executive Orders 11375 and 12086, and implementing regulations issues at 41 CFR Chapter 60;

6. The Age Discrimination Act of 1975 (Pub.L. 94-135), as amended; and implementing regulations when published for effect;

7. The regulations, policies, guidelines, and requirements of OMB Circular Nos. A-102, Revised, A-87, A-110 and A-122 as they relate to the acceptance and use of Federal funds under this federally-assisted program;

E. It will give the City of Athens, HUD and the Comptroller General or any authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant;

F. It will comply with the Section 3 clause of the Housing and Urban Development Act of 1978, more specifically identified as follows:

1. The work to be performed under this contract is on a project assisted under a program providing direct Federal financial assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are located in, or owned in substantial part by persons residing in the area of the project.

2. The parties to this contract will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR Part 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.

3. The Agency will send to each labor organization or representative of workers with which he has a collective bargain-agreement or other contract or understanding, if any, a notice advising the said labor organization or workers representative of his commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.
4. The Agency will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the applicant for or recipient of Federal financial assistance, take appropriate action pursuant to the subcontract upon a finding that the subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development, 24 CFR Part 135. The Agency will not subcontract with any subcontractor where it has notice or knowledge that the latter has been found in violation of regulations under 24 CFR Part 135 and will not let any subcontract unless the subcontractor has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.
5. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR Part 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, its successors and assigns. Failure

to fulfill these requirements shall subject the applicant or recipient, its contractors and sub-contractors, its successors and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR Part 135.

F. The Agency warrants that no person or selling agency or other organization has been employed or retained to solicit or secure this Contract upon an Agreement of Understanding for a commission, percentage, brokerage or contingent fee. For breach of violation of this warranty, the City shall have the right to annul this contract without liability or, at its discretion, to deduct from the compensation, or otherwise recover, the full amount of commission, percentage, brokerage or contingent fee.

H. That no member, officer or employee of the Grantee, or its designees or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the program during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract or subcontract, or the process thereof, for work to be performed in connection with the program assisted under the Grant.

Supplemental Certification and Agreement

The Agency agrees to give priority consideration, in cases of employment and/or training opportunities, to lower and other lower income residents of the City of Athens referred by the Georgia State Department of Labor. The Agency further agrees as follows:

1. That the funds provided for under this contract will be obligated and disbursed as rapidly as possible so as to quickly assist the unemployed and the needy;
2. That the funds will be utilized in areas where unemployment is highest and has been high for the longest period of time and for authorized purposes which have the greatest immediate employment impact;
3. That the funds will be utilized to maximize immediate creation of new employment opportunities to individuals who were unemployed at least 15 of the 26 weeks prior to March 24, 1983; and
4. That special consideration will be given to the employment of monorities and women in an effort to provide jobs in proportion to their presence among the total group of unemployed persons in Athens.
5. The Agency shall be responsible for documentation and verification of the above.

BY: Athens Neighborhood Health Center
Name of Agency

Jackie R. Griffin
Signature of Authorized Agent

9-30-83
Date

The Agency shall comply with all applicable laws, ordinances and codes of the State and local governments.

IN WITNESS WHEREOF, the City and Agency have executed this Agreement as of the date first above written.

AGENCY:

Athens Neighborhood Health Ctr.
Name of Agency

BY: Jackie R. Griffin
Authorized Agent

CITY OF ATHENS:

BY: Lauren M. Cole (SEAL)
Mayor

BY: J C Fowler
Johnny Fowler (ATTEST)

BY: [signature]
City Attorney (AS TO FORM)

BY: Steven M Martin
Community Development Department

B U D G E T F O R M

FISCAL YEAR _____ PROGRAM FUNDS _____

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CITY OF ATHENS

SUBMIT IN TRIPLICATE!

Operating Period: (From) ~~July 1~~, 19~~83~~ (To) ~~June 30,~~, 19~~84~~

Title of Activity: ~~Training and employment in the medical field.~~

Operating Agency: ~~Athens Neighborhood Health Center~~

Address: ~~P.O. Box 147 Athens, Ga. 30603~~

Contact Person: ~~Jackie R. Griffin, Executive Director~~

Cost Category	Total Budget	CD Share	Non-CD Share	Source of Non-CD Share
1) Personnel	~~$20,480~~	~~$20,480~~	~~-0-~~	
2) Consultants and Contract Services				
3) Materials/ Supplies				
4) Travel				
5) Rental, Lease or Purchase Equipment				
6) Rent				
7) Utilities				
8) Other (Specify)				
9) Total	$20,480	$20,480	-0-	

Submitted By: Jackie R. Griffin
Signature of Agency Official

Date: ~~9-26-83~~

Approved By: Signature of Community Development Official

Date: 10/21/83

Exhibit 2

Athens Neighborhood Health Center

Operating Schedule

I. Daily Hours

Monday	8:30-5:00 p.m.
Tuesday	8:30-5:00 p.m.
Wednesday	11:00-7:30 p.m.
Thursday	8:30-5:00 p.m.
Friday	8:30-5:00 p.m.
Weekends	CLOSED

II. Holidays

Eight paid Holidays per yer

1983 Calendar Year

Friday April 1st Good Friday
Monday May 30th Memorial Day
Monday July 4th Independence Day
Monday Sept. 5th Labor Day
Thursday Nov. 24th Thanksgiving
Friday Nov. 25th Day after Thanksgiving
Friday Dec. 23rd Friday before Christmas
Monday Dec. 26th Day after Christmas

INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

Athens Insurers, Inc.
P.O. Box 8107
Athens, GA 30613

COMPANY
St. Paul Fire and Marine

Effective 12:01a m 9/21 ,19 83
Expires [X] 12:01 am [ ] Noon endt. issuance

[ ] This binder is issued to extend coverage in the above named company per expiring policy # _____ (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

Athens Neighborhood Health Center
P.O. Box 147
Athens, GA 30604

Description of Operation/Vehicles/Property

PROPERTY	Type and Location of Property	Coverage/Perils/Forms	Amt of Insurance	Ded.	Coin %

LIABILITY	Type of Insurance	Coverage/Forms	Limits of Liability	Each Occurrence	Aggregate
	[ ] Scheduled Form [ ] Comprehensive Form		Bodily Injury	$	$
	[ ] Premises/Operations				
	[ ] Products/Completed Operations		Property Damage	$	$
	[ ] Contractual		Bodily Injury & Property Damage Combined	$	$
	[ ] Other (specify below)				
	[ ] Med. Pay. $ Per Person $ Per Accident	[ ] A [ ] B [ ] C	Personal Injury		$
	[ ] Personal Injury				

AUTOMOBILE		Limits of Liability	
	[ ] Liability [ ] Non-owned [ ] Hired	Bodily Injury (Each Person)	$
	[ ] Comprehensive-Deductible $	Bodily Injury (Each Accident)	$
	[ ] Collision-Deductible $	Property Damage	$
	[ ] Medical Payments $		
	[ ] Uninsured Motorist $	Bodily Injury & Property Damage Combined	$
	[ ] No Fault (specify):		
	[ ] Other (specify):		

[ ] WORKERS' COMPENSATION — Statutory Limits (specify states below) [ ] EMPLOYERS' LIABILITY — Limit $

SPECIAL CONDITIONS/OTHER COVERAGES

Blanket Employee Dishonesty Bond - $25,000 limit
Included in Package Policy #668NB4316

NAME AND ADDRESS OF [ ] MORTGAGEE [ ] LOSS PAYEE [ ] ADDL INSURED

LOAN NUMBER

Doc Eldridge 9/21/83
Signature of Authorized Representative Date

ACORD 75 (11/77-c)

The St. Paul

G1182 - G1183
E19

Blanket Employee Dishonesty Protection

Policy issued to	Agreement takes effect	Policy number
		668NB4316

How this agreement protects your business
We've designed this agreement to protect you and your business against losses caused by employee fraud or dishonesty.

Limit of your coverage

$ 10,000

This is the most we'll pay for all loss caused by one employee or by two or more employees acting together, even if others are involved. However, any payment we make won't reduce your coverage for loss caused by other employees.

This limit of coverage applies regardless of how many people are insured under this agreement. This amount can't be accumulated from year to year, no matter how long this agreement is in effect or how many premiums you pay.

What this agreement covers
You're covered if you lose money, securities or other property through the fraud or dishonesty of any of your employees. This can be money or property you own or money or property you're holding, whether or not you're liable for its loss.

There must be evidence that the employee meant to cause you a loss. The evidence must also show that the employee intended that he or she or another person or organization would get some unearned financial benefit.

An employee is any person in the regular service of your business whom you pay for this service and whose work you direct. A director or trustee of your business is not considered an employee unless he or she also serves in some other capacity under your direction. Nor is any broker, factor, commission salesman, contractor or other agent or representative considered an employee.

Unidentified employees
You may have reasonable proof that your loss was caused by the fraud or dishonesty of an employee covered under this agreement. But you don't know which employee or employees caused the loss. We'll still cover your loss up to the limit of your coverage shown above.

Former employees
We'll cover you for loss caused by the fraud or dishonesty of any former employee during the first 30 days after that person leaves your service.

Cancellation of fidelity insurance
You may have had fidelity insurance that was cancelled on an employee of yours by a written notice before this agreement went into effect. If any such employee was not reinstated under your earlier fidelity insurance, we won't include that employee in your Employee Dishonesty coverage unless we've agreed in writing to do so. This applies to any person you employed while you were doing business under another name. If you or any partner or officer in your business knows of such previous cancellation we'll consider that all those insured under this agreement know.

Consolidation — Merger
Your coverage under this agreement will apply to any new employees you add through consolidation or merger with another business. You must, however, notify us in writing within 30 days after the date you add the employees and pay an additional premium computed proportionately from that date to the end of the current premium period.

This agreement must be signed only when it's issued after the effective date of the policy.

Authorized Representative

St. Paul Fire and Marine Insurance Company, 1977.

Where you're protected
You're covered for losses that are caused by employees who work in the United States, Puerto Rico or Canada. You're also covered for acts committed while employees are elsewhere for a limited time — for example, on a business trip.

When you're covered
You're covered for losses that are caused while this agreement is in effect. And you have up to one year after this agreement ends to discover the loss.

Continued coverage
You may have been insured by a previous bond that covered the same losses this agreement covers and that ended at the time this agreement became effective. If you were, but can't recover on a loss that was caused while the previous bond was in force because its discovery period has run out, we'll cover your loss. But the loss must be the kind that would be covered by this agreement had it been in effect at the time the acts that caused the loss occurred. You must also discover your loss within 2 years after this agreement ends.

We won't pay more than the limit of your coverage for the loss under the previous bond or under this agreement when it became effective, whichever coverage is less. And the amount we pay will be a part of your coverage under this agreement — not in addition to it.

We may have insured you under other bonds whose discovery period had not run out when you discovered a loss that occurred partly under those bonds and partly under this agreement. If this is the case, we'll pay up to the limit of coverage under this agreement or under the previous bonds we issued, whichever coverage is greater.

Whom we'll pay
More than one party may be insured under this agreement. If so, and you're the first party named on the Introduction page of this policy, you will act for all other insured parties. And any payment for a loss that we make to you releases us from any obligation we have for that loss. If you're no longer covered by this agreement, the party named after you on the Introduction page of this policy will take your place.

If you agree, we can settle any claim for loss of property with the owner. Any property we pay for will become ours.

How we'll figure your loss
For securities or collateral. For securities we'll use the actual cash value at the close of the last business day before you discover the loss. And for other property that you hold as a pledge or as collateral for an advance or loan, we'll consider the actual cash value to be the value you recorded for the property at the time you made the advance or loan. If you have no record, the actual cash value will be the unpaid portion of the advance or loan plus interest at legal rates.

For property damage. For damage to your place of business or for loss of property other than securities, we'll figure your loss to be either the cost of repairing or replacing your property with that of a similar kind and quality, or the actual cash value of the property at the time of the loss. We can choose either to repair or replace the property or to pay its actual cash value. In case of disagreement between us on the actual cash value or the cost of repair or replacement, the matter will be decided by arbitration.

Your records
You agree to keep records of all insured property from which we can accurately determine the amount of any loss.

Your rights of recovery
For the purposes of this agreement the following paragraphs replace the section called "Recovering damages from a third party" in the General Rules for this Policy:

You may be able to recover all or part of your loss from someone other than us. Because of this, you must do all you can to preserve any rights of recovery you may have. If we make a payment for your loss under this agreement, your right of recovery will belong to us.

If your loss is larger than the amount of insurance you have under this agreement, you'll get what we recover until your loss is fully paid. But we'll deduct our expense first. We may take out a bond, reinsurance or an indemnity agreement for our benefit. You won't get any recoveries from these sources.

If you have other insurance
You may have other insurance or another source of reimbursement that covers your loss. If you do, we'll pay the amount of your loss that's left after your other insurance or other source has been used up. We won't however, pay more than the limit of your coverage under this agreement.

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Ending your coverage
In addition to the terms in the "Cancellation" section of the General Rules for this Policy, the following paragraphs apply for the purposes of this agreement.

Employees. Insurance on any employee under this agreement is canceled as soon as you or any partner or officer in your business learns that the employee has committed a fraudulent or dishonest act. Insurance on the employee will end immediately even if the act was committed before he or she was employed by you. This does not apply if the partner or officer who learns of the dishonesty is working with the employee in committing the fraud.

We can also end coverage on any employee for any other reason by mailing or delivering notice to you at least 15 days before the cancellation. Mailing of this notice to the address shown on the Introduction page will be proof you were notified of the cancellation, which will become effective at noon, standard time, on the date given in our notice.

Insured persons. If we cancel the coverage of any person insured under this agreement before the agreement ends, we'll pay for that person's losses only if they're discovered within one year of the date of cancellation.

Losses we won't cover
We won't cover losses caused by any fraudulent, dishonest or criminal act that you commit or that any partner in your business commits, even if others are involved.

We won't cover any loss if the only proof of the loss or its amount is an inventory or profit-and-loss computation.

We won't cover potential income, such as interest or dividends, that you did not earn because of a loss covered under this agreement.

We won't cover damages for which you're legally liable, except direct damages to compensate a person for a loss covered under this agreement.

We won't cover any expenses you incur in establishing the occurrence of a loss or the amount of a loss covered under this agreement for example, the expense of hiring an auditor.

We won't cover losses caused by nuclear reaction, nuclear radiation or radioactive contamination or by any related act or condition.

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The St. Paul

Depositor's Forgery Protection

Policy issued to	Agreement takes effect	Policy number
		668NB4316

How this agreement protects your business

We've designed this agreement to protect you and your business against loss if someone forges or alters one of your checks, drafts or similar promises of payment. You're also protected against loss if you accept counterfeit paper currency, or if your bank fails to pay on a money order you received in exchange for merchandise, money or services. By money we mean: Currency. Bullion. Traveler's checks, register checks and money orders held for public sale.

Limits of your coverage

$ 10,000 for Depositor's forgery,

$ 10,000 for money orders and counterfeit paper currency.

The limits shown above apply as long as this agreement is in effect. These amounts can't be accumulated from year to year, no matter how long this agreement is in effect or how many premiums you pay. Any payment we make won't reduce your insurance for other losses under this agreement.

Depositor's Forgery coverage. The limit of your Depositor's Forgery coverage shown above is the most we'll pay for all losses by forgery committed by any one person or in which that person is concerned, no matter how many checks, drafts, or other orders for payment are involved. If two or more persons are insured under this agreement, we won't pay more for any loss than we would if only one person were covered.

Money Orders and Counterfeit Paper Currency coverage. The limit of your Money Orders and Counterfeit Paper Currency coverage shown above is the most we'll pay for all losses in any one event, no matter how many property owners have losses. We'll consider all losses in connection with an actual or attempted dishonest or criminal act to be from one event, regardless of how many people commit the act.

What this agreement covers

You're protected against any of the losses described below, provided they are caused while this agreement is in effect and you discover the loss within one year after this agreement ends. We'll cover losses to property you own or that you hold in any way, whether you're liable for the loss or not. However, we won't cover losses caused by any fraudulent, dishonest or criminal act that you commit or that any partner in your business commits, even if others are involved.

Depositor's Forgery coverage. You're covered for any loss or damage due to forgery or alteration of a check, draft, promissory note, bill of exchange or similar promise of payment that you or your agent has issued. You're also covered if the promise of payment appears to have been issued by you or your agent. We'll cover your loss and that of any bank where you have a checking or savings account. But for the bank's loss to be covered, you must include it in your "Proof of Loss Statement."

We'll cover any check or draft drawn in your name that's payable to a fictitious person or organization and endorsed in the name of that person or organization.

We'll cover any check or draft that you or your agent actually handed to someone impersonating the person to be paid, if it was endorsed by someone other than the person to be paid. And we'll cover a check or draft you or your agent handed to someone claiming to represent the organization to be paid, if it was endorsed by someone other than a representative of that organization.

This agreement must be signed only when it's issued after the effective date of the policy.

Authorized Representative

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We'll also cover any payroll check, draft or order you wrote that was payable both to the bearer and to the person or organization named on it. But the check, draft or order must have been endorsed without permission by someone other than the person or organization it was made out to.

You're protected even if the false endorsement is not punishable by law. And we'll treat any mechanically reproduced signature just as if it were a handwritten signature.

You or any bank where you have an account may refuse to honor a check, draft, or similar order for payment because it may have been forged or altered. If this happens and someone sues you or the bank for payment, we'll cover the legal expenses if we've given our written consent to the defense of the suit. We'll pay for any reasonable attorney's fees, court costs, or similar legal expenses as though they were an insured loss under this agreement. And any amount we pay for such expenses will be in addition to your applicable limit of coverage.

Money Orders and Counterfeit Paper Currency coverage. We'll cover any loss or damage you have as a result of accepting a post office or express money order in good faith in exchange for merchandise, money or services. You're also covered if you accept counterfeit U.S. or Canadian paper currency in good faith during a normal business transaction.

We'll cover only your share of any loss to insured property, including your liability to others. We won't cover anyone else's loss under this coverage unless you include it in your "Proof of Loss Statement." If you do include it, we won't pay more than we would if the loss were entirely yours. And those whose loss is included are also governed by items 6 and7 in "What to do if you have a loss".

Continued coverage

The terms of this section apply even if previous insurance was issued to you while you were doing business under another name.

Depositor's Forgery coverage. You may have been covered for forgery losses by forgery insurance you had previously. If you were, but can't recover on a loss that was caused while the previous insurance was in force because its discovery period has run out, we'll cover your loss — provided the following conditions are met:

- Your previous insurance was not fidelity insurance.
- You carried the other insurance continuously from the time the loss was caused to the date this agreement replaced your former coverage.
- This agreement would have covered your loss had it been in effect at the time the acts that caused the loss occurred.
- You discovered the loss before this agreement ends.
- But we won't pay more for your loss than the limit of your coverage under the previous insurance or under this agreement, whichever is less.

We may have insured you under other policies whose discovery period had not run out when you discovered a loss that occurred partly under those policies and partly under this agreement. If this is the case, we'll pay up to the applicable limit of coverage under this agreement or under the previous policies we issued, whichever is greater.

Money Orders and Counterfeit Paper Currency coverage. You may have been insured by a previous policy that covered the same losses this agreement covers and that ended at the time this agreement became effective. If you were, but can't recover on a loss that was caused while the previous policy was in force because its discovery period has run out, we'll cover your loss — provided this agreement would have covered your loss had it been in effect at the time the acts that caused the loss occurred. For us to cover your loss, however, you must discover it within one year after this agreement ends.

We won't pay more than the applicable limit of your coverage for the loss under the previous policy or under this agreement when it became effective, whichever coverage is less. And the amount we pay will be a part of your applicable coverage under this agreement — not in addition to it.

Your records

You agree to keep records of all insured property from which we can accurately determine the amount of any loss.

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Whom we'll pay

More than one party may be insured under this agreement. If so, and you're the first party named on the Introduction page of this policy, you will act for all other insured parties. And any payment for a loss that we make to you releases us from any obligation we have for that loss. If you're no longer covered by this agreement, the party named after you on the Introduction page of this policy will take your place.

Under your Depositor's Forgery coverage we'll pay you before we'll pay the bank where you have an account for any loss covered by this agreement, whether it's your loss or the bank's. But if the bank has already reimbursed you for your loss, we'll make our payment directly to the bank. And any amount we pay the bank will be part of the limit of your coverage shown on page 1 of this agreement that would have applied if it had been your loss.

Territory covered by this agreement

Your Depositor's Forgery coverage applies to loss occurring anywhere in the world. But your coverage for Money Orders and Counterfeit Paper Currency applies only to loss occurring within any part of the United States or Canada.

Your rights of recovery

For the purposes of this agreement the following paragraphs replace the section called "Recovering damages from a third party" in the General Rules for This Policy:

You may be able to recover all or part of your loss from someone other than us. Because of this, you must do all you can to preserve any rights of recovery you may have. If we make a payment for your loss under this policy, your right of recovery will belong to us.

If your loss is larger than the amount of insurance you have under this policy, you'll get what we recover until your loss is fully paid. But we'll deduct our expenses first. We may take out a bond, reinsurance or an indemnity agreement for our benefit. You won't get any recoveries from these sources.

If you have other insurance

Depositor's Forgery coverage. You may have other insurance or another source of reimbursement that covers your loss. If you do, we'll pay the amount of your loss that's left after your other insurance has been used up. But if your other insurance is a fidelity bond, any loss covered under both it and this agreement will first be paid under your Depositor's Forgery coverage.

We give up any right we have to be reimbursed by other forgery insurance carried by any bank we pay under your Depositor's Forgery coverage.

Money Orders and Counterfeit Paper Currency coverage. You may have other insurance that would cover your loss if it weren't for this agreement. If you do, we'll pay the amount of your loss that's left after your other insurance has been used up.

But if the lost property is separately described and specifically insured by the other policy, we won't cover your loss at all. And we won't cover lost property that you don't own if it's insured under another policy.

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Quarterly Report Schedule

Due Dates

1. October 6, 1983
2. January 10, 1984
3. April 10, 1984
4. July 10, 1984

NOTE: All reports are due before the close of business on the above dates

Exhibit 5

Athens Neighborhood Health Center

Section 3 Plan

The Athens Neighborhood Health Center shall implement the following Affirmative Action/Section 3 Plan, governed by and pursuant to Executive No. 11246 Equal Employment Opportunity Policy and Section 3 of the Housing and Urban Development Act of 1968.

The Athens Neighborhood Health Center shall:

I. Equal Employment Opportunity

Not discriminate because of race, color, religion, sex, or national origin.

II. Section 3 Policy

To the greatest extent feasible provide opportunities for training and employment to lower income residents of the City of Athens.

III. Administration of Plan

1. Appoint the Chairman of the Finance Committee of the Athens Neighborhood Health Center to serve in the capacity of Equal Opportunity/Section 3 Plan Coordinator.

2. Place a copy of Exhibit 5 on the bulletin board as well as all required public notices.

3. Maintain records such as employment, employee beneficiary, advertising, salaries and procurement, etc., which will verify program compliance with this Section 3 Plan.

IV. Beneficiary Referral Dept of Services JBC

Provide employment and training to two residents of the City of Athens, at least one of whom will be a very low income resident.

V. Recruitment of applicants for training and employment from the Section 3 area

Recruit 2 lower income employees from the City of Athens by advertising through the use of local newspapers, posting job notices in the center waiting room, and listing the position with the State Employment Service and Athens Tech.

VI. Grievance Procedure

Adhere to and follow the grievance procedures referred to in the Athens Neighborhood Health Center Personnel Policies Article IV, Section 2, para. B and C.

UTILIZATION GOALS OF LOWER INCOME RESIDENTS AND BUSINESSES OF THE CITY OF ATHENS SECTION 3

Present Work Force 10

Employment of lower income residents of the City of Athens/Section 3

The Athens Neighborhood Health Center shall employee the following:

1 Medical Assistant
1 Clerk-Typist

BY: Isabel L. Griffin
Duly Authorized Agent

DATE: 9/30/73

WITNESS: Mary [illegible]

JOBS BILL

CONTRACT AMENDMENT

This is an amendment to an agreement by and between the Mayor and Council of the City of Athens and Athens Neighborhood Health Center dated September 30, 1983.

The Agreement shall be amended to include the following paragraph under "Reporting Procedures", Page 6, of the original Agreement:

C. Annual Audit: The Agency shall have an audit performed on the program on an annual basis by an independent Certified Public Accounting firm and shall submit a copy of the audit to the City for review and comment. The audit shall be performed in accordance with the following Federal Guidelines:

1. Guideline for Financial and Compliance Audits of Federally Assisted Programs;

2. Standards for Audits of Governmental Organizations, Programs, Activities, and Functions;

3. Uniform Requirements for Assistance to State and Local Governments, OMB Circular A-102, Attachment P.

The audit shall be prepared and presented to the City not later than 30 calendar days after the expiration of this contract. It shall be the responsibility of the Agency to correct any audit findings discovered, if any, as recommended by the auditor and in agreement with the City.

Agency:

Athens Neighborhood Health Center
Name of Agency

By: Jackie R. Chaffin
Authorized Agent

Date: March 22, 1984

City of Athens:

By: Lauren M. Cole (SEAL)
Mayor

By: J C Fowler (SEAL)
City Clerk (ATTEST)

By: (SEAL)
City Attorney (AS TO FORM)

By: Steven M Martin
Community Development Dept.

Date: 4-9-84

CONTRACT AMENDMENT

This is an amendment to an agreement by and between the Mayor and Council of the City of Athens and Athens Neighborhood Health Center dated September 30, 1983.

The Agreement shall be amended as follows:

Page 7, Commencement of Services shall be amended to read "completed on or before October 5, 1984.

Agency:

Athens Neighborhood Health Center
Name of Agency

BY: Jackie R. Griffin
Authorized Agent

Date: 6/5/84

City of Athens:

BY: [signature] (SEAL)
Mayor

BY: [signature] (SEAL)
City Clerk (ATTEST)

BY: [signature] for (SEAL)
City Attorney (AS TO FORM)

BY: [signature]
Community Development Department